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ABSTRACT

Prior to the 1986 passage of PL 99-457, an extension of the special services coverage under the Education for All Handicapped Children Act, early intervention programs were primarily interventionist directed and child focused. The new legislation provided incentives for providing programs that were family-centered and family-driven. The goal of this qualitative research project was to define "family-friendly" early intervention characteristics from the perspective of early interventionists. The two stages of this study were: participant observation and individual interviews (n=6). Found that characteristics of a "family-friendly" interventionist could be developed in anyone, but required components are understanding of personal feelings, needs, influences, and relationships before trying to work with families of special children. This understanding is not necessarily a function of age, parental experience, location or socioeconomic status, but maturity, experience, and intervention in natural environments seem to assist. "Family-friendly" early intervention may be characterized by actions that demonstrate a sensitivity and flexibility to regional, socioeconomic, cultural, and gender issues of each family; along with a recognition that the early interventionist's roles range from leader to bystander. Four appendices accounting for one-quarter of the document present the interview questions and analysis of results. (JBJ)

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# Defining Family-Friendly Early Intervention

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## Abstract

Prior to the passage of PL 99-457 and IDEA early intervention programs were primarily interventionist directed and child focused. The new legislation provided incentives for providing programs that were family-centered and family-driven. The goal of this qualitative research project was to define "family-friendly" early intervention characteristics from the perspective of early interventionists. This study was completed in two stages. The first part was participant observation and the second part was individual interviews. J. S. Spradley's techniques for Developmental Research Sequence were used in gathering and analyzing data. The observations were made during individual appointments of early interventionists with child and caretaker. Interviews were conducted in the offices of the interventionists. Six early interventionists were selected using a criterion sampling procedure within the Acadiana area. The characteristics of a "family-friendly" interventionist, it would seem, could be developed in anyone, but required components are understanding of personal feelings, needs, influences, and relationships before trying to work with families of special children. This understanding is not necessarily a function of age, parental experience, location or socioeconomic status, but maturity, experience, and intervention in natural environments seem to assist. "Family-friendly" early intervention may be characterized by actions that demonstrate a sensitivity and flexibility to regional, socioeconomic, cultural, and gender issues of each family; along with a recognition that the early interventionist's roles range from leader to bystander.

# Defining Family-Friendly Early Intervention

## Introduction

In 1986 Congress passed PL 99-457 as an extension of the special services coverage under the Education for All Handicapped Act (PL 94-142). The aspects of this legislation that directly affect this study were incentives to states to develop infant/toddler (birth through two years) early intervention programs, and to design the programs to be family centered and family driven.

The central role of the family in early intervention has emerged as a critical component in the professionals' service to young children and their families. This movement has been described as "family-focused," "family-driven," "family-centered," and "enablement and empowerment of parents." The Carolina Institute on Research on Infant Personnel Preparation (1991) has offered the following description of this philosophy. Families are recognized as the constant in a child's life while service systems and personnel will be involved only episodically. In working with families the early interventionist should consider the interrelatedness of the various contexts which surround the child and family. Services should encourage a family's independence, develop new and use existing skills, and foster a sense of competence and worth. Early intervention services should be based on a collaborative relationship between families and professionals. This includes needs analysis and families identifying and obtaining services according to their priorities.

The questions targeted for this study initially were:

1. What do early interventionists do in their contacts/visits with Part H-eligible infants/toddlers and their caretakers?
2. How do early interventionists interact with families?
3. Do early interventionists behave differently if the service setting is the child's home rather than the center?

4. Do early interventionists interact differently if the child's caretaker has different educational or ethnic background, or a different economic status than the early interventionists?
5. Will programs in existence prior to 1986 (passage of PL 99-457) encourage interventionists to emphasize the family-centered philosophy?
6. Will early interventionists employed prior to 1986 be less likely to use family-centered interaction patterns?

Procedures for sampling

Criterion sampling procedures, as suggested by Patton (1990), were followed at two different levels. First, early intervention programs in the immediate Lafayette area (less than 30 miles) were reviewed in terms of their years of existence. Only programs that were in existence prior to 1986 were selected for the study in order to answer question number five. The early intervention program located in Lafayette and the program provided by St. Martin Parish School Board were selected.

Second, at least two early interventionists at each site were selected for observation and interviews. The director of each program was informed that the researcher would like to observe one interventionist who had been employed prior to 1986 and one since 1986. Six early interventionists were selected for the sample group. Three of the early interventionists were employed prior to 1986 and three were employed and received their training after 1986. The background training of the early interventionists observed were occupational therapy, physical therapy, speech therapy, regular early childhood education, and early childhood special education. The interventionists were asked to inform the researcher whether the family received financial assistance through food stamps as the criterion to designate low socioeconomic status.

The same group of interventionists identified by criterion sampling were asked to participate in the interviews. Four of the six original participants agreed to be interviewed. The other two interventionists felt their work schedules would not permit the

time required. Of the remaining four early interventionists, two had training in early childhood special education, one in early childhood, and one in speech pathology. Two interventionists were employed before 1986 and two since that year. Their ages ranged from 23 to 48 years, and their experience in early intervention from two to nine years. Unfortunately, the two interventionists who could not participate were also the only ones with physical or occupational therapy as their training background. (Incidentally, this limited the triangulation on the pattern developing in the taxonomic analysis--Appendix B--of developmental areas emphasized by different kinds of early interventionists during their appointment.)

The administrators of the two early intervention programs in the observation phase were unable, for various personal reasons, to assist in the study through the interview process. A third administrator, located in the Lafayette area, was selected for the interview based on the referral (chain sampling) of the interventionists and administrators. This administrator has been involved in the supervision of intervention programs prior to 1986. The use of only one administrator--and one not directly supervising the interventionists observed--limited the direct contribution of information gathered to the study. The administrator's comments seemed valuable and are included as an addendum to the overall study results.

Method

Descriptive, focused, and selected observations were made of at least three early intervention sessions for each interventionist. Observation data was recorded both in a notebook and through the use of an audio recorder. Domain and taxonomic analyses were completed on the data collected to that point (Appendixes A and B).

Interviews with the same six early interventionists and their administrators were scheduled to provide triangulation for the observational data and to add clarity to the definition of "family-friendly" early intervention. The researcher structured the interviews initially to follow Patton's (1990) standardized open-ended interview approach. The

descriptions of behaviors that characterize "family-friendly" professionals sometimes called for additional examples and clarification. As a consequence of this phenomenon the researcher followed more of the general interview guide approach (Patton, 1990). A description of the questions used are in Appendix C. Audio tapes and written notes were made of all interviews.

In addition to the use of two different data sources for triangulation--observations and interviews--the researcher afforded participant early interventionists the opportunity to review notes, personal transcripts, and analyses to confirm the accuracy and trustworthiness of the data. A program manager in the state department of education, who was familiar with research, Part H legislation, and early intervention services, was asked to look at random samples of the data and analyses for additional triangulation (Lincoln and Guba, 1985).

Results

Observations were made at an early intervention center play/therapy room, the office of the early interventionist, a nursery school classroom, and a kitchen and a living room in a home. Specifically, the place, actor, and activities were identified according to Spradley's (1980) grand tour observations. In addition, the objects present in the setting, single actions that people did, related activities (event), the sequencing of activities, the apparent goals, and feelings were noted. Sixteen domains were identified and their semantic relationship determined (Appendix A). Strict inclusion domains included kinds of body positions, adapted equipment, names for family members, child caretakers present at early intervention session, interaction patterns, early interventionists, Part H-eligible children, and curriculum. Location of action, means-end, spatial, and sequence relationships were also identified in domains.

Focused observations and taxonomic analysis examined the characteristics of stimulation materials used, children declared Part H eligible, formal and informal testing, child development area emphasized in a session, and open and closed interaction

patterns. These areas of focus and the information gathered are included in Appendix B. Of particular interest were the areas of assessment, developmental emphasis, and interaction patterns. Assessment ranged across the continuum from norm referenced tests to informal interviews of caretakers by early interventionists and observations of child and caretaker interactions.

The early childhood educator, early childhood special educator, and speech therapist tended to emphasize all areas of development (motor, language, self-help, social, and cognitive) during an intervention session. The occupational therapist and physical therapist emphasized only motor development. Since only one occupational therapist and one physical therapist were observed, it would be inappropriate to assume this to be typical behavior of all occupational and physical therapists functioning as early interventionists.

Interaction patterns were examined and the included terms of open and closed were given operational definitions by the researcher as reflected in Dunst, Trivette, & Deal, (1988). Open interaction patterns were viewed as more representative of the family-centered philosophy. The operational definition for an open interaction pattern was "encourages and provides opportunities for caretaker to make any type of response." The operational definition for a closed interaction pattern was "conversations are structured to permit only fixed and limited responses." The study identified attributes of early intervention open interaction patterns such as active listening, clarifying, asking open-ended questions, and giving information only when requested.

Some of the attributes of closed interaction patterns were use of dichotomous and leading questions, poor listening skills, and providing unsolicited advice. An emerging contrast in the interaction patterns that seemed appropriate to explore in further observations and interviews was whether open interaction patterns occur in greater frequency with caretakers who are middle or high socioeconomic status. Closed interaction patterns were used more frequently when the setting for the intervention

session was outside the home. Additional observations would need to be conducted before the researcher would be comfortable with these conclusions. This pattern was demonstrated by only two of the early interventionists consistently, one interventionist about half the time, and the other three sporadically.

While open interaction patterns were not used consistently by the early interventionists in the sessions, the philosophy was promoted and emphasized by their supervisors. Both types of early childhood educators and the speech therapist also made a special point of telling the researcher informally that they saw enabling and empowering families and being family-centered as their primary goals.

An age analysis of the early interventionists was not completed, but the researcher found in observation notes that the three who demonstrated the most open interaction patterns were all over age 40, and were also the interventionists with training prior to 1986 in the field. Whether age and/or training were the reasons for their interaction style would be of interest for additional study.

The observations indicated that family-centered methodology for early intervention is not defined clearly enough in either professional training programs or legislation. The interview phase was to help clarify the issues and perspective of the early interventionists and administrators. The interview guide questions at the descriptive, structural and contrast levels are listed in Appendix C. Selected comments from the interviews are included in this paper.

Early interventionists' responses to the question of describing an early intervention session were varied. Interventionist A said:

> I try to remember at all times I am a guest in their home and let that serve as a guide for my behavior. Specifically, I try to show interest in what families are doing personally with their child and when appropriate obtain their approval before engaging in an activity with their child. I do a lot of modeling of stimulation activities with whatever the child has in his or her environment. This

communicates to the family there is nothing magic about my bag of toys.

Interventionist B stated that she felt it was important to be a good listener and let parents lead in the setting of discussion topics and session agendas. She might begin a session by asking a parent what had happened recently in a child's health or what new things the child might have accomplished since the last visit. Interventionists C and D both said they felt more comfortable going into an intervention session with their assessment checklist and a tentative written lesson plan they could share with the parents. Interventionist C said, "I think my parents expect me to come prepared to do something with their child and I always allow for time at the end for their questions."

The administrator felt that when parents initiate contacts with him that the meeting should begin with "This is your time to talk, to tell me your concerns....I'm not here to deliver any messages." The administrator said it was important for both him and his staff to permit parents to vent their feelings, that conversations between families and professionals did not have to become power struggles.

All four of the interventionists mentioned that they had on occasion devoted the entire session to problem solving. Interventionists A and B reported that this occurred at least 50% of the time. Problem solving included experimenting with new positions and equipment adaptations for a child, reassuring parents that a particular behavior was not atypical, suggesting options for managing a behavior problem, or referring parents to other resources available.

In describing open interaction patterns all of the interventionists included good listening skills and encouraging parents asking questions. Interventionists A, B, and D said that they felt honesty and reinforcement of parents' interactions with their children were also important to open interaction patterns. Honesty was an addition to the taxonomic analysis of open interaction patterns. Only Interventionist B mentioned the importance of not volunteering advice unless it was solicited. In my observation of these same interventionists I found that B was one who consistently used open-ended

questions with the parents or caretaker throughout the intervention session. This is perhaps a function of her professional training in speech pathology to elicit language. Other characteristics that were attributed to open interaction patterns by the interventionist and administrator were flexibility, nonjudgemental attitudes, and using easily understood vocabulary. The administrator emphasized the importance of letting parents know you care and want them to be a partner in their child's educational program.

Specific activities used to involve the children's caretakers in a "family-friendly" early intervention session were to have parents help in setting the goals for their child, participate in a stimulation activity for their child during the session, and tell about their observations and ideas. All four of the interventionists also commented on the difficulty in getting some parents to participate in activities with their child. Specifically, Interventionist B related:

> Some parents welcome me into their homes, willingly follow my directions, and participate with me in the intervention activities for their child. Others seem to resent my "intrusion" into their privacy, even though their participation is voluntary; while still others see my weekly visit as a moment of respite from their child. I struggle constantly with my job description of parent/child trainer, lesson formats to be implemented in someone else's home, and a desire to maximize every special child's potential by the "whatever it takes" methodology.

The fourth descriptive question focused on the prerequisite characteristics for being a "family-friendly" professional. All of the interventionists and the administrator readily concurred that an easily accessible communication line or open interaction pattern with families was critical to establishing "family-friendly" relationships. There were also common themes stated in regard to communicating respect toward families and a caring attitude.

One of the structural questions asked interventionists to describe the necessary behaviors to be "family-friendly." Beyond the common ground of open interaction pattern, respect, and caring attitude, the behavioral characteristics seemed to take as many different tangents as interviewees. Interventionist A stated that it meant the absence of condescending attitudes, reinforcing the family's strengths, and centering a program around the child and family needs rather than your profession opinion. She stated that it also meant being honest, encouraging parental advocacy, and sometimes being more supportive of parents' position than your administration may desire.

In addition to some of the above characteristics, Interventionist B described the "family-friendly" professional as a good observer and listener; a person who is kind, compassionate, has positive self image, and is well informed. Interventionist C had the least number of descriptors for the definition of a "family-friendly" professional. She described professionals as concerned, well-organized, intelligent, and resourceful. Interventionist D reiterated the idea of being aware and respectful of the whole family's needs, considerate, supportive, flexible, and a good listener. The administrator described the professional as someone who can give and take, who encourages all to contribute, and who recognizes each person's expertise.

The interview data presented contrasting characteristics for "family-friendly" professionals' behavior. Specifically, some professionals involved in early intervention do not include the attributes of open interaction patterns to their list of behaviors needed. Interventionists C and D and the administrator, all felt comfortable giving unsolicited advice and using dichotomous questions within a "family-friendly" format.

The next structural question described the ideal environment for practicing "family-friendly" intervention. Interventionists C and D indicated they preferred to have of their sessions at the center, but were willing to make some home visits Specifically, Interventionist C said that she felt uncomfortable going into someone's home and trying to tell them what to do with their child. Interventionist B said that the idea from her

perspective was having intervention sessions located at all the major places a child spends time, with occasional appointments at the center to see specialists. Interventionist A said she preferred the home setting for working with parents. Her rationale was that it gave her the best understanding of the child's and family's needs, and was the most comfortable setting for both the family and her.

The administrator's response to this same question was adamant. "Parents need opportunities to be honest with you away from the educational institution. You need to meet with parents either in their homes or on neutral ground if you want to know how they really feel."

The impact of an early interventionist's professional training was also discussed. Philosophically, all of the interventionists and the administrator indicated that ideally the professional training background should have no impact on the focus of a child's program--that early intervention was intended to focus on the whole child. Ironically, each of them shared experiences with occupational, physical, or speech therapists who had been primarily concerned with their field of expertise. Interventionist B suggested the possibility that preservice training in early childhood education or early childhood special education focused more on the total child and relationships with the family than the therapists' training.

In the responses to the contrast questions (Appendix D) each of the interviewees had a slightly different opinion on what impact the early interventionist's age had on establishing "family-friendly" relationships. Interventionist A and the administrator were the most flexible about the influence of age. Interventionist A said "I would like to think that older was better, since I am in that category. But I really think it is not a matter of age but a function of your personality and experiences." The administrator felt there was no magic age for the ideal "family-friendly" professional. Interventionist B stated that age was important and that one could be too old or too young to be "family-friendly". She cited, for example, the older interventionist being unable to relate to the problems of a

very young parent or the inexperience of an extremely young interventionist in meeting a family's complex needs. Interventionist C stated that she believes sometimes its easier for parents to relate to an older person. Interventionist D felt that younger people were more capable of being flexible and "family-friendly."

On the contrast question regarding the importance of having your own children in order to be "family-friendly," all participants in the study agreed it made the job easier. Interventionist B stated "parents know you really understand the demands of families if you have children of your own."

All of the interviewees agreed that theoretically, the family's socioeconomic status should not impair the "family-friendly" partnership; but it frequently does. Interventionist A and B both stated that if the professionals' attitude of acceptance, desire to enable and empower parents, and work with them predominated then the partnerships could be formed. The two younger interventionists were less convinced that socioeconomic status differences could be overcome most of the time. The administrator's comments tied into the next contrast question. He felt effective partnerships could be established with differing socioeconomic status if the setting was nonthreatening.

The three older interviewees (two interventionists and the administrator) viewed the location of the intervention session as having a significant impact on success in building "family-friendly" relationships. The two younger interventionists felt that location did not usually have any impact on the relationship.

Conclusion

The observations and interviews of this study broaden the understanding of "family-friendly" and "family-centered" intervention. This philosophy for early intervention goes beyond the early definition of parent involvement as mandated signing of the individualized education plan, permission to evaluate, and emphasis on positive rapport. The new parental roles call for opportunities to participate in the assessment

process through observations and sharing information, and in the development and implementation of an educational plan with the early interventionist..

The interviews and observations revealed the struggle interventionists face in balancing their need to give to others and to enable and empower families to meet their own needs. Interventionist D said:

> I really am tired of this one grandmother dragging her feet in taking the child to the Handicapped Children's Clinic. Before we had this new legislation my inclination would have been to call and make the appointment myself. Then I would probably have taken them to the clinic on the appointment day. I know that doesn't teach grandma about how to do it, but the child needs to go.

Throughout the interviews the interventionists and the administrator expressed some frustration with the dilemma of "family-friendly" and "family-centered" philosophies and parents' delay in following through on tasks.

The characteristics of a "family-friendly" interventionist, it would seem, could be developed in anyone, but required components are understanding of personal feelings, needs, influences, and relationships before trying to work with families of special children. This understanding is not necessarily a function of age, parental experience, location, or socioeconomic status, but maturity, experience with families, and intervention in natural environments seem to assist. Additional qualitative and quantitative studies are needed to establish guidelines for professionals in preservice and inservice training for being "family-friendly " early interventionists. Early interventionists need to be sensitive and flexible to regional, social class, racial, gender, and sexual identities in their relations with young children and their families. The roles of the early interventionist may range from leader to collaborator to supporter or bystander, but empathy with families will permit us to reach out and be "family-friendly."

## Appendix A - Domains for Observations and Interviews

| | INCLUDED TERMS | SEMANTIC RELATIONSHIP | COVER TERM |
|---|---|---|---|
| 1. | prone<br>supine<br>quadruped<br>supported sitting | Strict inclusion/ is a kind of | body position |
| 2 | tumble form chair<br>45" vinyl wedge<br>knobbed puzzle<br>large therapy cylinder<br>standing frame | Strict inclusion/is a kind of | Adapted equipment |
| 3 | "cher" - honey<br>"nanoo" - baby<br>"T" - aunt<br>"Papa" - grandfather<br>"Mama" - grandmother | Strict inclusion/ is a kind of | Names/family members |
| 4 | foster parent<br>grandparent<br>Mother<br>sibling<br>babysitter<br>aunt<br>father | Strict inclusion/is a kind of | Child caretaker |
| 5 | open<br>closed | Strict inclusion/is a kind of | Interaction pattern |
| 6 | speech therapist<br>physical therapist<br>occupational therapist<br>early childhood educator<br>early childhood special educator | Strict inclusion/ is kind of | Early interventionist |
| 7 | established delay<br>at risk<br>condition likely to cause delay | Strict inclusion/ is a kind of | Part H Eligibility requirements |
| 8 | Gessell<br>ERIN<br>Early Intervention Profile<br>Early LAP | Strict inclusion/ is a kind of | Curriculum |
| 9 | office<br>lobby<br>play therapy room | Spatial/ is a place in | Early Intervention Prgm |

| | INCLUDED TERMS | SEMANTIC RELATIONSHIP | COVER TERM |
|---|---|---|---|
| 10. | formal testing<br>informal testing | Means--end/ is a way to | Assessment |
| 11. | model simulation<br>verbal description of<br>provide handout | Means--end/ is a way to | Provide information |
| 12. | mirror, music box,<br>squeak toy, blocks,<br>rattle, bell, books,<br>ball, crayons | Function of/ is used for | Stimulation materials |
| 13. | living room<br>office of interventionist<br>kitchen<br>daycare center<br>playroom at EIP Center | Location for action/<br>is a place for | Intervention |
| 14. | establish rapport<br>listening<br>update medical information<br>assess recent progress<br>provide stimulation activities<br>give caretaker new program plan<br>schedule next appointment<br>problem solving | Sequence/ is a step in | Early Intervention Session |
| 15. | setting goals<br>modeling<br>participating in stimulation activities<br>sharing observations and ideas | Means-end/is a way to | Involve Parents |
| 16. | open interaction<br>caring attitude<br>respect | Strict inclusion/is a kind of | Prerequisite to "family-friendly" intervention |

# Appendix B - Taxonomies of Observations and Interviews

1 Assessment

Formal - norm reference test or checklist
- criterion referenced test of checklist
- interview caretaker using standardized form
- present stimuli to child to elicit response

Informal - observe infant/caretaker interactions
- observe infant separate from caretaker
- encourage caretaker to share observations of typical behavior

2 Early Intervention Session Focus

Early Interventionists - occupational therapist - motor
- physical therapist - motor

- speech therapist - all areas
- early childhood - all areas
- early childhood special education -all areas

3 Stimulation Materials Emphasis Within Context

Mirror - visual

Music box - auditory
Bell - auditory
Squeak toy - auditory
Rattle - auditory

Gym - motor
Ball - motor
Blocks - motor

Book - cognitive
Crayons - cognitive

4 Part H Eligibility Categories Within This Context

Established delay - child abuse
- brain injury

Conditions likely - Down Syndrome
to cause delay - Spina Bifida
- Smith Lemilie Opitz Syndrome
- Cerebral palsy

At risk - prematurity (32 wk gestation or less)

5 Family Friendly Characteristics Demonstrated and Articulated by Interventionists

Interaction Patterns

Open - provides information when requested
- uses active listening
- clarifies comments
- reinforces parents
- encourages asking questions
- uses open ended questions
- flexible
- nonjudgemental
- uses easily understood vocabulary
- honesty
- emphasizes partnership

Closed - asks dichotomous questions
- gives unsolicited advice
- asks leading questions
- does not encourage information sharing

Attitudes

Sensitive
Respect
Caring, compassionate
Absence of condescension
Reinforcing

Behaviors

Encourage family-driven program
Encourage advocacy
Supportive
Good observer
Well informed
Organized
Compromise

6 Family-friendly Places For Intervention Within Context

More family friendly - rooms in caretaker's home
- neutral territory

Less family friendly - early intervention office
- early intervention playroom

Appendix C - Standard Descriptive, Structural, and Contrast Questions Used in Interview

Descriptive

1. How would you describe an early intervention session?
2. What do you think are the characteristics of an open interaction pattern?
3. What specific activities do you use to involve the child's caretakers in a "family-friendly" early intervention session?
4. What would you characterize as a prerequisite for being a "family-friendly" professional?

Structural

1. What behaviors are necessary for an interventionist to be family -friendly?
2. What is the ideal environment for you to practice "family-friendly" intervention?
3. What impact does the professional training of the early interventionist have on the developmental program focus of the child?
4. What impact do you think the location of the intervention session has one the "family-friendly" relationship?

Contrast

1. What impact does the early interventionist's age have on establishing "family-friendly" relationships?
2. What is the importance of an early interventionist's personal parenting experiences to being "family-friendly"?
3. What is the impact of socioeconomic status on establishing "family-friendly" relationships?
4. What impact do you think the location of the intervention session has on the "family-friendly" relationship?

## Appendix D - Dimensions of Contrast Using Interviews

| Significance to Family Friendly | Age | Parenting Experience | Socioeconomic Status | Location |
|---|---|---|---|---|
| Interventionist A - 48 years | Not Important | Important | Not Important | Important Home |
| Interventionist B - 40 years | Important Too young/old | Important | Not Important | Important Flexible |
| Interventionist C - 23 years | Important Older+ | Not Important | Important | Not Important |
| Interventionist D - 28 years | Important Young+ | Important | Important | Not Important |
| Administrator 51 years | Not Important | Important | Not important | Important/ Home |

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